

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-003295

STATE FILE NUMBER

AMENDED

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 46

FILED FEB 14 1962

1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Saint Charles</u>		Length of stay in 1b <u>4 weeks</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Joseph's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RFD #1</u>	
3. NAME OF DECEASED (Type or print) First <u>Andrew</u> Middle <u>Fred</u> Last <u>Orf</u>		4. DATE OF DEATH Month <u>February</u> Day <u>6</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-14-1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>O'Fallon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Anthony Orf</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Roetger</u>	
14. NAME OF HUSBAND OR WIFE <u>Antoinette Orf</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT <u>Antoinette Orf RFD #1 O'Fallon</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Septal Myocardial Ischemia</u> DUE TO (b) <u>with Acute Cardiac Decompensation</u> DUE TO (c) <u>& Pulmonary Congestion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>21 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bilateral Bronchopneumonia</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[redacted]</u> a.m. <u>[redacted]</u> p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>July 1956</u> to <u>Feb 6 1962</u> and last saw him alive on <u>Feb 6 - 1962</u> Death occurred at <u>3:48 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Jane J. Outmonies</u> (Degree or title)		22b. ADDRESS <u>O'Fallon Mo</u>	
22c. DATE SIGNED <u>2-7-62</u>		23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Feb 9, 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Assumption Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>O'Fallon Missouri</u>		24. FUNERAL DIRECTOR <u>O'Fallon Mortuary Inc</u> <u>Charles J. Callahan</u>	
25. DATE RECD. BY LOCAL REG. <u>2/7/62</u>		26. REGISTRAR'S SIGNATURE <u>Mareeela Wilson</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Charles J. Callahan

Licensed Embalmer No. 5128

P. O. Address O'Fallon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.